CORONARY BYPASS

CLIENT NAME: _____ **Date:** _____

☐ Male ☐ Female Date of birth: _____ Height: _____' _____" Weight: _____

Tobacco Use: ☐ Never used ☐ Totally stopped Date stopped: _____ ☐ Use now Type of nicotine product: _____

Type of Coverage: ☐ Term ☐ UL ☐ Survivor ☐ Disability **Coverage Amount:** _____

Annual Income: _____ **Occupation/Job duties:** _____ **State of Residence:** _____

Anticipated Premium: _____

FAMILY HISTORY

Has proposed insured had a parent, brother or sister who had cancer, diabetes, stroke, heart or kidney disease or who died by suicide?

If yes, use separate sheet to provide this information, including age of onset and date of death

PROPOSED INSURED'S EXISTING INSURANCE			
Full Name of Company	Face Amount	Year Issued	Is Policy to be Replaced?

1. List date(s) of diagnosis and type of coronary artery disease: _____

_____

2. Does client's family have any history of heart disease? ☐ No ☐ Yes; list family member(s) and details

_____

_____

3. Has client had any of the following?:

☐ Heart attack Date: _____ / _____ / _____ ☐ Heart failure Date: _____ / _____ / _____

☐ Coronary angioplasty (PTCA) Date: _____ / _____ / _____ ☐ Valve surgery Date: _____ / _____ / _____

4. Number of vessels by-passed? _____

5. How badly were the vessels occluded (percentage)? _____

6. Has a follow-up stress (exercise) ECG been completed since procedure?

☐ No ☐ Yes, Normal Date: _____ / _____ / _____ ☐ Yes, Abnormal Date: _____ / _____ / _____

7. Has client had any chest discomfort since the procedure? ☐ No ☐ Yes; please provide details

_____

_____

8. Has client had any of the following?:

☐ Abnormal lipid levels ☐ Irregular heart beats ☐ Elevated homocysteine ☐ Overweight ☐ Elevated cholesterol

☐ High blood pressure ☐ Diabetes ☐ Peripheral vascular disease ☐ Cerebrovascular or carotid disease

9. Is client on any medications now? (accurate name, dosage, and reason)

(Accurate) Name of Medication	Dosage	Reason

10. Does client have any other health issues? (additional questionnaires may be required) ☐ No ☐ Yes; please give details

_____

